Effective October 1, 2001

Applica	itio	n or	Do	cket	N	umb	eı
_	•	1.		~ ~	_	-	

10043643

	CLAIMS AS FILED - PART I					SMALL ENTITY		OTHER THAN				
			(Column	1)	(Colur	nn 2)	۱,	TYPE		OR	R SMALL ENTITY	
TO	TOTAL CLAIMS		12					RATE	FEE		RATE	FEE
FO	FOR NUMBER		NUMBER I	ILED	NUMB	ER EXTRA		BASIC FEE	370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS /2 mi				us 20= * O				X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS					* 0			X42=		OR	X84=	
MULTIPLE DEPENDENT CLAIM PRESENT								+140=		OR	+280=	
* If the difference in column 1 is less than zero, enter				r "0" in c	olumn 2	l	TOTAL		OR	TOTAL	700	
CLAIMS AS AMENDED - PART II OTHER THAN									THAN			
•		(Column 1)		(Colu	mn 2)	(Column 3)	_	SMALL E	ENTITY	OR	SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMEND/JENT	o	PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDE	Total	* Ý	Minus	** V	Û			X 9=		ØR	X\$18=	
AME	Independent	* (Minus	***	3			X42=		OR	X84=	
	FIRST PRESE	NTATION OF MI	JLTIPLE DEF	ENDEN	CLAIM			+140=		OR	+280=	
							Į	TOTAL		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu	mn 2)	(Column 3)	•	ADDIT. FEE (Service .	ADDII. 1 EE,	
		CLAIMS	Ì	HIGH	HEST	<u>(Coldinii) Oj</u>	7 r	<u> </u>	ADDI-	ĺ		ADDI-
INT B		REMAINING AFTER AMENDMENT		PREVI	MBER OUSLY FOR	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL
AMENDMENT	Total	* .	Minus	**		=		X\$ 9=		OR	X\$18=	
ME	Independent	*	Minus	***		=]	X42=		OR	X84=	
٧	FIRST PRESE	NTATION OF M	JLTIPLE DEF	PENDEN	T CLAIM							
								+140=		OR	+280=	
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)			mn 2)	(Column 3)						
AMENDMENT C	۰	CLAIMS REMAINING AFTER AMENDMENT		NUN PREVI	HEST MBER MOUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
₹	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
SE SE	Independent	*	Minus	***		=-]	X42=			X84=	
٧	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	IT CLAIM]	7,42-		OR	7.01=	
	16.45	and delices the	ho ontaria ast	.m. 0	to "O" :	luma 2		+140=		OR	+280=	<u> </u>
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
l	The "Highest Nur	nher Previously Pa	id For" (Total o	r Indepen	dent) is the	highest numb	er fo	und in the ap	propriate bo	x in co	lumn 1.	